TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDME 6. FEDERAL STATUTE/REGULATION CITATION: 1902 (a) (10) (A) (ii) (XVIII) of the Act.	
STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One): COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDME 6. FEDERAL STATUTE/REGULATION CITATION: 1902 (a) (10) (A) (ii) (XVIII) of the Act. 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 9 Addition of page 236, to Attachment	PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) PROPOSED EFFECTIVE DATE April 1, 2001 ERED AS NEW PLAN To separate Transmittal for each amendment) FEDERAL BUDGET IMPACT: a. FFY 2001 \$ 39,413.00 b. FFY 2002 \$ 78,825.00 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One): COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDME 6. FEDERAL STATUTE/REGULATION CITATION: 1902 (a) (10) (A) (ii) (XVIII) of the Act. 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 9 Addition of page 236, to Attachment	SECURITY ACT (MEDICAID) PROPOSED EFFECTIVE DATE April 1, 2001 ERED AS NEW PLAN
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6. FEDERAL STATUTE/REGULATION CITATION: 1902 (a)(10)(A)(ii)(XVIII) of the Act. 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 9 Addition of page 236, to Attachment	a. FFY 2001 \$ 39,413.00 b. FFY 2002 \$ 78,825.00 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
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1	Addition of page 23 5 , to Attachment 2.2-A.
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11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED:
12. SIGNATURE OF STATE AGENCY OFFICIAL: 16. RE	ETURN TO:
Dep.	artment of Social Services
//	ice of Medical Services Governor's Drive
// Lines in a management	rre, SD 57501-2291
Secretary	
15. DATE SUBMITTED: 5-//6/0/	
POR REGIONAL COMME	
17. DATE RECEIVED: Way 18. 2801	A CONTRACTOR OF THE CONTRACTOR
19. EFFECTIVE DATE OF APPROVED MATERIAL:	
and 1, 2001	CANADA OF DECLOSAL OFFICIAL
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- P-110-04 Me (MAATOOM)	ting Associate Regional Administrator

ATTACHMENT 2-2-A PAGE 23b

STATE:

SOUTH DAKOTA

Citation	Group Covered
Citation	Great Certifica

B. Optional Coverage Other Than the Medically Needy (Continued)

1902 (a) (10) (A) (ii) (XVIII) of the Act **XXX** [20]. Women who:

- a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a precancerous condition of the breast or cervix;
- are not otherwise covered under creditable coverage, as defined in section 2701 (c) of the Public Health Service Act;
- c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and
- d. have not attained age 65.

TN No. <u>01-004</u>

Approval Date: 06/01/01

Effective Date: 04-0

04-01-01

Supersedes TN No. new